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CONFIRMATION NO. 7235

Bib Data Sheet

SERIAL NUMBER 10/629,397	FILING DATE 07/29/2003 RULE	CLASS 117	GROUP ART UNIT 1765	ATTORNEY DOCKET NO. SP02-174															
APPLICANTS Michael W. Price, Corning, NY; Gail A. Rodriguez, Bath, NY;																			
** CONTINUING DATA ***** This appln claims benefit of 60/401,822 08/07/2002																			
** FOREIGN APPLICATIONS ***** <div style="text-align: center; margin-top: 10px;"><i>None</i></div>																			
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/13/2003																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </td> <td style="width: 10%;">STATE OR</td> <td style="width: 10%;">SHEETS.</td> <td style="width: 10%;">TOTAL</td> <td style="width: 10%;">INDEPENDENT</td> </tr> <tr> <td> 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td>COUNTRY</td> <td>DRAWING</td> <td>CLAIMS</td> <td>CLAIMS</td> </tr> <tr> <td> Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <i>[Signature]</i> Examiner's Signature </div> <div style="text-align: center;"> <i>FAH</i> Initials </div> </div> </td> <td style="text-align: center;">NY</td> <td style="text-align: center;">14</td> <td style="text-align: center;">18</td> <td style="text-align: center;">4</td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS.	TOTAL	INDEPENDENT	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS	Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <i>[Signature]</i> Examiner's Signature </div> <div style="text-align: center;"> <i>FAH</i> Initials </div> </div>	NY	14	18	4
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ADDRESS 22928 CORNING INCORPORATED SP-TI-3-1 CORNING , NY 14831																			
TITLE Scatter-free UV optical fluoride crystal elements for <200NM laser lithography and methods																			
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)											
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